* Not permissible operation theatre articles like wooden OT table, benches, stools, chairs were used in operation theatre.
* Autoclaving procedure followed was grossly faulty and far from any established standard for the same.
* Operative notes regarding steps adopted were not available on case papers.
* Early detection of infection and prompt treatment was not offered to the beneficiaries as they were discharged earlier.

On receipt of the report the following action was taken by the State Government of Gujarat:

1. Guidelines issued for OT Care and Post-Operative Care to all Ophthalmic Surgeons.
2. A training programme has been prepared for ophthalmic surgeons and OT staff.
3. The services of ophthalmic surgeon responsible for this incident have been terminated.
4. Senior Staff Nurses responsible for fumigation is being transferred.

Reimbursement of expenditure on hospitalisation

501. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that entire expenditure on account of hospitalisation of retired and serving Government officials in private hospitals is not reimbursed by CGHS despite the fact that their cases are referred by the CGHS for treatment/operation;

(b) if so, the reasons therefor;

(c) whether it is also a fact that Delhi High Court has recently passed stricture against CGHS in this regard;

(d) if so, the details thereof; and

(e) the follow-up action being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) No, Sir. The Government while recognising private hospitals under CGHS Delhi, have signed a Memorandum of Agreement (MoA) with the hospitals. One of the conditions in the MoA is that the private hospitals/diagnostic centres recognised under CGHS will not charge more than the ceiling rates fixed by the CGHS for various medical procedures/tests/investigations in O.M. dated 7.9.2001 for a period of two years from the date of issue of the O.M.

CGHS beneficiaries were allowed to take treatment in 24 private hospitals recognised under CGHS Delhi as per Department of Health's O.M. dated 18.9.96. In November, 2000, tenders were called for fresh recognition of private hospitals under CGHS Delhi on the basis of which 55 private hospitals/diagnostic centres were recognised *vide* Department of Health's O.M. dated 7.9.2001.

As Sir Ganga Ram Hospital, New Delhi, Sunderlal Jain Hospital, New Delhi, Escorts Heart Institute & Research Centre, New Delhi, Indraprastha Apollo Hospitals, New Delhi, Batra Hospital & Medical Research Centre, New Delhi and Dharamshila Cancer Hospital & Research Centre, New Delhi, did not agree to the revised rates along with the terms and conditions offered by the Government in the tender document for fresh recognition, the said hospitals could not be considered afresh for recognition and therefore were not included in the said O.M. dated 7.9.2001. However, *vide* orders dated 25.10.2001, it has been decided for the benefit of CGHS beneficiaries that they can take treatment in these hospitls but reimbursement shall be restricted as per the package deal rates given in the Department of Health's earlier O.M. dated 18.9.96. Subsequently, Batra Hospital and Medical Research Centre, New Delhi, Dharamshila Cancer Hospital & Research Centre, New Delhi, Sir Ganga Ram Hospital, New Delhi and Sunderlal Jain Hospital, New Delhi had agreed to the revised ceiling rates of CGHS and signed the Memorandum of Agreement (MoA) consequent upon which these hospitals have been recognised under CGHS *vide* Department of Health's O.M. dated 15.3.2002 and 6.5.2002.

In respect of CGHS cities outside Delhi, orders have been issued in respect of CGHS, Patna and CGHS, Ranchi wherein the Government has entered into a MoA with the private hospitals recognised under CGHS in these cities. Similar MoA would henceforth be entered into by the

Government with the private hospitals as and when these are recognised under CGHS in other CGHS covered cities.

(c) No, Sir.

(d) and (e) In view of (c) above, the questions do not arise.

Funds to States under National Illness Assistance Fund

502. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount released to different States under National Illness Assistance Fund during the year 2001-2002;

(b) whether all the States have set-up their respective funds;

(c) whether there is any mechanism to ensure that the funds are properly utilized; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) following States were released grant-in-aid as Central Government contribution towards the State Illness Assistance fund set up by them:—

States	Amount (Rs. in crores)
Chhattisgarh	0.50
Andhra Pradesh	2.50

(b) All States except Assam, Haryana, Manipur, Arunachal Pradesh, Meghalaya, Orissa, Punjab, Uttar Pradesh, Nagaland and Uttaranchal have set up their respective States Illness Assistance Funds.

(c) and (d) State Governments are required to submit performance reports in respect of funds released to them within a period of nine months from the date of closing of financial years as also Utilisation Certificates. They are also required to publish list of beneficiaries alongwith the amount sanctioned, hospital and the illnesses for which the funds were sanctioned in leading State level newspaper for public knowledge. The account of the Funds is subject to audit by the Comptroller and auditor General of India.